

In The Matter Of:
David Cherry, et al. v.
Macon Hospital, et al.

Tracy Q. Callister, M.D.
October 24, 2013

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VJ V O W E L L
AND —
J E N N I N G S

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Page 113	Page 115
<p>1 THE WITNESS: Thank you. 2 MR. JAMESON: I have very few 3 questions, Dr. Callister. And I just have 4 individuals of varying engagement so this will 5 be very brief. 6 E X A M I N A T I O N 7 BY MR. JAMESON: 8 Q. I want you to assume that the 9 plaintiff's expert cardiologist, a Dr. Krone, 10 has testified under oath that in his opinion 11 he believes that the infarction occurred the 12 following morning after ER discharge while 13 Mrs. Cherry was making coffee. I want you to 14 assume that. And then let me ask you how does 15 that tie in to your opinion that the most 16 likely cause was sudden cardiac death? 17 Specifically is a sudden infarction equivalent 18 to a sudden cardiac death? 19 A. It could be a cause. And I throw 20 around terms that make me look sophisticated, 21 and they are not that sophisticated. So 22 sudden cardiac death is one of the ways you 23 die from your heart and it's easily defined. 24 You just drop dead. A heart attack usually 25 spreads over time. Acute coronary syndromes</p>	<p>1 they took the -- ambulance came and saw her 2 and they saw that her heart was just barely -- 3 the electrical signal was not working, what -- 4 what triggered that. And there are many 5 things. And on that list could be a choking 6 of the blood supply or a shutting off of the 7 blood supply. And it could have happened and 8 been going on for a while and just reached a 9 level of magnitude or it could have happened 10 right at that time. It's not clear. There 11 was no objective evidence that it was 12 occurring, in my opinion, in the ER. 13 I don't know about subjective because 14 I didn't interview the patient. I didn't talk 15 with them. Eight hours later her heart stops 16 and shuts down. And certainly given her risk 17 factors, given that they found in a cath lab 18 that she at least had disease in one coronary 19 artery and she could have disease in other 20 arteries that were not as thick and out in the 21 small branches which the angiogram doesn't 22 look, she could have had ischemia, restriction 23 that was so tight that it scrambled the signal 24 or she could have closed off something. It 25 might have happened right then or it might</p>
Page 114	Page 116